Abstract EP197 Figure 1  Comparison of the respiratory events (%) per study groups

Conclusions  Our results suggest that there is no association between BMI and severe respiratory-events after CD under neuraxial anesthesia and the use of long-acting neuraxial opioids. Extended admission to a high-acuity setting may not be necessary for the majority of these patients. In addition to BMI, the presence of patient comorbidities and physician assessment may prove valuable in determining the necessity for admission.

Initial Ethics Commity Approval Letter 22-0202-C

COMPARISON ADDUCTOR CANAL BLOCK COMBINED WITH PERIARTICULAR INFILTRATION AND PERIARTICULAR INFILTRATION ALONE AFTER TOTAL KNEE ARTHROPLASTY FOR PAIN CONTROL AND PATIENT SATISFACTION: A PROSPECTIVE OBSERVATIONAL CASE STUDY

Selcuk Say*, Léonie Kenmegni Fogang. 1Medical, ULB, Chatelet, Belgium; 2Medical, ULB, Charleroi, Belgium

Background and Aims  Periarticular infiltration (PAI) and adductor canal block (ACB) have become popular modes of pain management after total knee arthroplasty. The purpose of our study is to evaluate the efficacy of ACB combined with PAI in comparison with PAI alone for pain control and patient satisfaction in patients undergoing primary total knee arthroplasty.

Methods  This study is a prospective observational study that is conducted at a single university hospital in Belgium. Thirty six patients operated on for primary knee arthroplasty in the enhanced recovery pathway were included. Patients who received the ACB combined with PAI (n=18) were compared with those who received the PAI alone (n=18). The primary outcome is visual analog scale score (VAS) at recovery room to patient mobilization at 24 hours after surgery, whereas the secondary outcomes include satisfaction, opioid consumption, length of hospital stay and complications. The study is approved by the Ethics committee of CHU Charleroi, Belgium (CCB: B325201942327, on 27/11/2019).

Results  In the ACB+PAI, the VAS are better than the group of PAI alone at 12 hours after surgery and at the mobilization (24 hours after surgery) (p-value=0.011; 0.001). The morphine consumption is clearly reduced during this period in the group ACB+PAI (p-value=0.006; 0.009). Patient satisfaction is also better when BCA is added (p-value=0.008). The length of hospital stay is less long in the ACB+PAI group (p-value=0.007). No significant difference in complications.

Abstract EP198 Figure 1  Committee ethics file

Conclusions  The adductor canal block provides better control of analgesia, with more satisfied patients compared to the PAI alone group.

ePoster session 6 – Station 4

IDENTIFICATION OF INTERFASCIAL PLANE USING INJECTION PRESSURE MONITORING AT THE NEEDLE TIP DURING ULTRASOUND GUIDED TAP BLOCK IN CADAVERS

Roberto Dossi*, Christian Quadri, Xavier Capdevila, Andrea Saporito. Anesthesia, EOC, Bellinzona, Switzerland; Anesthesia, Clinica Sant’Anna, Lugano, Switzerland; Anesthesia, Montpellier University Hospital, Montpellier, France; Faculty of Biomedical Sciences, University of Lugano (USI), Lugano, Switzerland

Background and Aims  Consistency in needle tip positioning within interfascial planes while performing infiltrative blocks under ultrasound guidance may be difficult. Such planes go beyond the physical limits of common ultrasound machines. Aim of this pilot study was to understand if injection pressure monitoring at the needle tip can help to immediately and consistently identify an interfascial plane needle tip placement.

Methods  We performed 4 ultrasound-guided TAP blocks on cadaver using a modified conventional peripheral nerve block